

A95000 000 988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

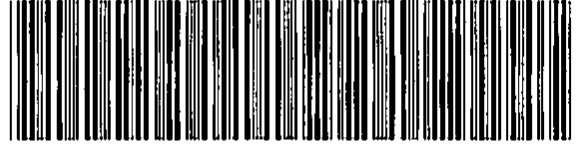
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
COMMONWEALTH OF MASSACHUSETTS
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P. H. C. H.

AUG 16 2019
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GENPATH, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A95000000988

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Aaron Adler, Esq.
Contact Person
Adler Wellikoff, PLLC
Firm/Company
1300 N. Federal Hwy., Suite 107
Address
Boca Raton, FL 33432
City, State and Zip Code
aadler@adwellgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aaron Adler at (561) 508-8365
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

2000 AUG -8 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. GENPATH, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 06/30/1995 3. A95000000988
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

LaMarca, Anthony
Name

4011 N. Federal Highway
Address

Ft. Lauderdale, FL 33308
City, State and Zip


5. The name and Florida street address of the new registered agent and/or office:

Dolores Hudak
Name

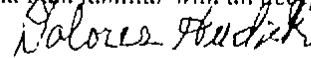
4005 North Federal Highway
Florida street address (P.O. Box not acceptable)

Oakland Park FL 33308
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

FILED
AUG-8 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA